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| UNITED STATES DISTRICT COURT<br>NORTHERN DISTRICT OF CALIFORNIA<br>CAND 435<br>(CAND Rev. 02/2015)  |                  |                 | TRANSCRIPT ORDER<br>Please use one form per court reporter.<br><i>CJA counsel please use Form CJA24</i><br>Please read instructions on next page.  |                                     |                                  |  |                                  | COURT USE ONLY<br><b>DUE DATE:</b>       |                       |                       |                                     |                                  |                       |                                  |
|---|------------------|-----------------|--|-------------------------------------|----------------------------------|--|----------------------------------|--|-----------------------|-----------------------|-------------------------------------|----------------------------------|-----------------------|----------------------------------|
| 1a. CONTACT PERSON FOR THIS ORDER<br><b>Ethel Villegas</b>  |                  |                 | 2a. CONTACT PHONE NUMBER<br><b>(650) 813-5765</b>  |                                     |                                  | 3. CONTACT EMAIL ADDRESS<br><b>EVillegas@mofo.com</b>  |                                  |  |                       |                       |                                     |                                  |                       |                                  |
| 1b. ATTORNEY NAME (if different)<br><b>Arturo J. Gonzalez</b>   |                  |                 | 2b. ATTORNEY PHONE NUMBER<br><b>(415) 268-7000</b>   |                                     |                                  | 3. ATTORNEY EMAIL ADDRESS<br><b>AGonzalez@mofo.com</b> |                                  |  |                       |                       |                                     |                                  |                       |                                  |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)<br><b>Morrison &amp; Foerster LLP<br/>425 Market Street, San Francisco, CA 94105-2482</b>   |                  |                 | 5. CASE NAME<br><b>Waymo LLC v. Uber Technologies, Inc., et al.</b>  |                                     |                                  |  |                                  | 6. CASE NUMBER<br><b>3:17-cv-939-WHA</b> |                       |                       |                                     |                                  |                       |                                  |
| 7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR<br><b>Jo Ann Bryce</b>   |                  |                 | 8. THIS TRANSCRIPT ORDER IS FOR:<br><br><input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached)<br><input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL      CJA: <u>Do not use this form; use Form CJA24.</u> |                                     |                                  |  |                                  |  |                       |                       |                                     |                                  |                       |                                  |
| 9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:   |                  |                 |  |                                     |                                  |  |                                  |  |                       |                       |                                     |                                  |                       |                                  |
| a. HEARING(S) (OR PORTIONS OF HEARINGS)   |                  |                 | b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)   |                                     |                                  |  |                                  | c. DELIVERY TYPE (Choose one per line)   |                       |                       |                                     |                                  |                       |                                  |
| DATE  | JUDGE (initials) | TYPE (e.g. CMC) | PORTION<br>If requesting less than full hearing,<br>specify portion (e.g. witness or time)   | PDF<br>(email)                      | TEXT/ASCII<br>(email)            | PAPER  | CONDENSED<br>(email)             | ECF ACCESS<br>(web)                      | ORDINARY<br>(30-day)  | 14-Day                | EXPEDITED<br>(7-day)                | DAILY<br>(Next day)              | HOURLY<br>(2 hrs)     | REALTIME                         |
| 04/12/2017  | WHA              | Tech T+         |  | <input checked="" type="radio"/>    | <input checked="" type="radio"/> | <input type="radio"/>                                  | <input checked="" type="radio"/> | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input checked="" type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
|   |                  |                 |  | <input type="radio"/>               | <input type="radio"/>            | <input type="radio"/>                                  | <input type="radio"/>            | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            |
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|   |                  |                 |  | <input type="radio"/>               | <input type="radio"/>            | <input type="radio"/>                                  | <input type="radio"/>            | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            |
|   |                  |                 |  | <input type="radio"/>               | <input type="radio"/>            | <input type="radio"/>                                  | <input type="radio"/>            | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            |
| 10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:<br><br>Same day delivery of rough draft requested. Please email both draft and final transcript to evillegas@mofo.com and agonzalez@mofo.com. Thank you. |                  |                 |  |                                     |                                  |  |                                  |  |                       |                       |                                     |                                  |                       |                                  |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).  |                  |                 |  |                                     |                                  |  |                                  |  |                       | 12. DATE              |                                     |                                  |                       |                                  |
| 11. SIGNATURE    /s/ Arturo J. Gonzalez   |                  |                 |  |                                     |                                  |  |                                  |  |                       | 04/12/2017            |                                     |                                  |                       |                                  |
| DISTRIBUTION:   |                  |                 |  | <input type="checkbox"/> COURT COPY |                                  | <input type="checkbox"/> TRANSCRIPTION COPY            |                                  | <input type="checkbox"/> ORDER RECEIPT   |                       |                       | <input type="checkbox"/> ORDER COPY |                                  |                       |                                  |